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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO. 10/070238		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		1			53				
4		2		1			54				
5		2		1			55				
6		2		1			56				
7		2		1			57				
8		2		1			58				
9		2		1			59				
10		2		1			60				
11		2		1			61				
12		2		1			62				
13		2		1			63				
14		2		1			64				
15		2		1			65				
16		2		1			66				
17		2		1			67				
18		2		1			68				
19		2		1			69				
20		2		1			70				
21		2		1			71				
22		2		1			72				
23	1		1				73				
24	1		1				74				
25							75				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	22		21				TOTAL DEP.				
TOTAL CLAIMS	25		24				TOTAL CLAIMS				

60 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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